

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Statement covers period from <u>10/01/2002</u> through <u>10/19/2002</u>		Date of election if applicable (Month, Day, Year) <u>2002 OCT 25 PM 2:49</u> <u>11/05/2002</u>	Date Stamp RECEIVED CITY CLERK CITY OF LODI	CALIFORNIA 460 2001/02 FORM Page <u>1</u> of <u>45</u> For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input checked="" type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
(Also Complete Part 5) | <input type="checkbox"/> Ballot Measure Committee
<input type="checkbox"/> Primarily Formed
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
(Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7) |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
|---|--|

3. Committee InformationI.D. NUMBER
1239474

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Nakanishi for Assembly 2002

STREET ADDRESS (NO P.O. BOX)

1812 W. Kettleman Lane, # 3

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi, CA 95242 209/368-0843

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

209/366-1228

Treasurer(s)

NAME OF TREASURER

Vona L. Copp

MAILING ADDRESS

8958 Ivanpah Court

CITY STATE ZIP CODE AREA CODE/PHONE

Elk Grove, CA 95624 916/686-1815

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/20/2002
DateExecuted on 10/21/02
DateExecuted on _____
DateExecuted on _____
DateBy Vona L. Copp
Signature of Treasurer or Assistant TreasurerBy _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of SponsorBy _____
Signature of Controlling Officeholder, Candidate, State Measure ProponentBy _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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FPPC Form 460 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC
 State of California

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Dr. Alan Nakanishi

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
State Assembly Person

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1136 Junewood Court Lodi, CA 95242

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
Nakanishi for Senate	991831

NAME OF TREASURER	CONTROLLED COMMITTEE?
Vona L. Copp	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE	AREA CODE/PHONE
1136 Junewood Court		Lodi,	CA	95242	209/369-1826

COMMITTEE NAME	I.D. NUMBER
Nakanishi for Assembly	980198

NAME OF TREASURER	CONTROLLED COMMITTEE?
Jon Nakanishi	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE	AREA CODE/PHONE
1136 Junewood Court		Lodi,	CA	95242	209/369-1826

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/01/2002</u> through <u>10/19/2002</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>45</u>	I.D. NUMBER <u>1239474</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 129,260.00	\$ 564,950.22
2. Loans Received	Schedule B, Line 3	0.00	105,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 129,260.00	\$ 669,950.22
4. Nonmonetary Contributions	Schedule C, Line 3	14,221.24	58,568.98
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 143,481.24	\$ 728,519.20

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 396,490.18	\$ 295,029.02
21. Expenditures Made	\$ 384,908.99	\$ 365,516.94

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 252,870.58	\$ 728,107.52
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 252,870.58	\$ 728,107.52
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-114,234.35	218.84
10. Nonmonetary Adjustment	Schedule C, Line 3	14,221.24	58,568.98
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 152,857.47	\$ 786,895.34

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
11 / 05 / 2002	\$ 347,436.07
03 / 05 / 2002	\$ 399,648.05
____ / ____ / ____	\$ _____
____ / ____ / ____	\$ _____
____ / ____ / ____	\$ _____
____ / ____ / ____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 148,285.55
13. Cash Receipts	Column A, Line 3 above	129,260.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	252,870.58
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 24,674.97

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 105,218.84

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 10/01/2002
through 10/19/2002

CALIFORNIA
FORM
460
Page 4 of 45

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/01/2002	Brazil/Levake P.O. Box 3014 Sacramento, CA 95812	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	G 02 150.00
10/01/2002	Dolores N. Dayton 539 Willow Glen Drive Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	450.00	P 02 200.00 G 02 300.00
10/01/2002	Mary C. Kaehler 1025 E. Armstrong Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired		585.00	P 02 250.00 G 02 335.00
10/01/2002	John P. Talbot 800 Maplewood Drive Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Consultant Wulff, Hansen & Co.	150.00	600.00	P 02 300.00 G 02 450.00
10/02/2002	Dave Wong's 5620 North Pershing Ave. Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	G 02 150.00

SUBTOTAL \$ 635.00

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 128,910.00
- Amount received this period – unitemized contributions of less than \$100 \$ 350.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 129,260.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A

Statement covers period from <u>10/01/2002</u> through <u>10/19/2002</u>	CALIFORNIA FORM 460 Page <u>5</u> of <u>45</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/02/2002	Giannecchini Farms dba Stockton Airport Business Center P.O. Box 10 Linden, CA 95236	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G 02 250.00
10/02/2002	Golden Bear Insurance Company 709 North Center Street, Ste. 2-A Stockton, CA 95202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1,000.00	P 02 500.00 G 02 500.00
10/02/2002	Stephen C. Hansen P.O. Box 1055 Lodi, CA 95241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Self-Employed	300.00	300.00	G 02 300.00
10/02/2002	Joseph P. Harrington 2017 Cochran Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator Lodi Hospital	150.00	2,150.00	P 02 1,500.00 G 02 650.00
10/02/2002	Physicians for the Group Practice of Medicine PAC (#992303) 332 Sheridan Ave. Piedmont, CA 94611	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	G 02 1,000.00
10/02/2002	T.A.O. 41 Summit Street Jackson, CA 95642	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 02 500.00
SUBTOTAL \$				2,700.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/01/2002</u> through <u>10/19/2002</u>	CALIFORNIA FORM 460 Page <u>6</u> of <u>45</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/02/2002	Western Electrical Contractors Association Inc Good Government PAC (#991225) 455 Capitol Mall, Ste. 801 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	2,500.00	P 02 2,000.00 G 02 2,500.00
10/03/2002	California Farm Bureau Federation PAC (#760950) 2300 River Plaza Drive Sacramento, CA 95833	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	G 02 1,500.00
10/03/2002	California Republican Party (#810163) 1903 W. Magnolia Blvd. Burbank, CA 91506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		50,000.00	96,480.80	G 02 93,209.56
10/03/2002	Barbara A. Doucette 1909 Mimosa Drive Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	300.00	680.13	P 02 380.13 G 02 300.00
10/03/2002	Mary C. Kaehler 1025 E. Armstrong Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300.00	585.00	P 02 250.00 G 02 335.00
10/03/2002	Carol L. Nakashima 1611 Lakeshore Drive Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Lodi Ob-Gyn Medical Group	100.00	200.00	G 02 200.00
SUBTOTAL \$				53,700.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/01/2002</u> through <u>10/19/2002</u>	CALIFORNIA FORM 460 Page <u>7</u> of <u>45</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/03/2002	NFIB - California Safe Trust 1201 F Street, NW, Ste. 200 Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	G 02 1,000.00
10/03/2002	John Tong 1019 Dornajo Way Sacramento, CA 95825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ophthalmologist Merica	200.00	200.00	G 02 200.00
10/03/2002	Hillis Warren M.D. 4525 Capri Way Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Employed	300.00	300.00	G 02 300.00
10/04/2002	Dennis G. Bennett P.O. Box 1597 Lodi, CA 95241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Builder/Developer Bennett Development, Inc.	1,500.00	2,500.00	P 02 1,000.00 G 02 2,500.00
10/04/2002	Hogan Mfg., Inc. P.O. Box 398 Escalon, CA 95320	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1,000.00	P 02 500.00 G 02 500.00
10/04/2002	Shale Imeson 6094 Huntingdale Circle Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Stockton Anesthesia Medical Group	150.00	150.00	P 02 500.00 G 02 150.00
SUBTOTAL \$				3,650.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/01/2002</u> through <u>10/19/2002</u>		CALIFORNIA FORM 460
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		I.D. NUMBER 1239474

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/04/2002	Yolanda F. Kelley 4993 Waterloo Road Stockton, CA 95215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300.00	350.00	G 02 350.00
10/04/2002	Vienna Convalescent Hospital, Inc. 800 South Ham Lane Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	1,300.00	P 02 750.00 G 02 550.00
10/06/2002	Cherokee Memorial Funeral Home 831 Industrial Way Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	3,000.00	P 02 1,500.00 G 02 1,500.00
10/04/2002	Irene Kludt 749 S. Crescent Avenue Lodi, CA 95240-4630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	150.00	P 02 50.00 G 02 100.00
10/04/2002	Sacramento County Deputy Sherriff's Association (#781626) 915 L Street, Ste. 1130 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		600.00	600.00	G 02 600.00
10/07/2002	Benoit for Assembly (#1239959) 41-800 Washington St., B105/110 Bermuda Dunes, CA 92201	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	3,000.00	G 02 3,000.00
SUBTOTAL \$				4,250.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from <u>10/01/2002</u>	through <u>10/19/2002</u>	
		Page <u>9</u> of <u>45</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/07/2002	Hakeem, Ellis & Marengo 3414 Brookside Road, Ste. 100 Stockton, CA 95219	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	2,000.00	P 02 1,000.00 G 02 2,000.00
10/07/2002	IMPAC (#743103) 915 L Street, #C358 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	G 02 1,000.00
10/08/2002	Mrs. Masako T. Agari 3933 Fort Donelson Drive Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 2,000.00 G 02 100.00
10/08/2002	Richard T. Bartlett 8412 Oriol Oak Court Citrus Heights, CA 95610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Representative Alcon Pharmaceutical	100.00	200.00	P 02 200.00 G 02 100.00
10/08/2002	James D. Brandt M.D. 4354 Ashton Drive Sacramento, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician UC Davis Medical Center	250.00	250.00	G 02 250.00
10/08/2002	Consulting Engineers & Land Surveyors PAC (#782143) 1303 J Street, Ste. 370 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	3,000.00	P 02 500.00 G 02 2,500.00
SUBTOTAL \$				5,450.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from <u>10/01/2002</u>	through <u>10/19/2002</u>	
		Page <u>10</u> of <u>45</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/08/2002	Bileen Yamamura 8526 Solano Avenue Stockton, CA 95209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Office Assistant San Joaquin County	50.00	100.00	P 02 50.00 G 02 50.00
10/09/2002	John F. Kirally III M.D. 801 S. Ham Lane, Ste. J Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Delta Sierra Hematology/Oncology	1,050.00	1,050.00	G 02 1,050.00
10/09/2002	Prospect Motors, Inc. P.O. Box 1360 Jackson, CA 95642	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	G 02 1,500.00
10/09/2002	Sierra Pacific Industries P.O. Box 496028 Redding, CA 96049	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	G 02 2,000.00
10/10/2002	Anthony J. Alegre P.O. Box 1508 Lodi, CA 95241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Alegre Trucking Co.	300.00	1,300.00	G 02 1,300.00
10/10/2002	Richard Forster P.O. Box 1021 Ione, CA 95640	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County Supervisor Amador County	150.00	150.00	G 02 150.00
SUBTOTAL \$				5,050.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from <u>10/01/2002</u>	through <u>10/19/2002</u>	
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Nakanishi for Assembly 2002

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1239474

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2002	GenCorp P.O. Box 537012 Sacramento, CA 95853	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	G 02 1,500.00
10/10/2002	Sylvia Sun Minnick 1001 W. Lincoln Road, #P Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	200.00	200.00	G 02 200.00
10/10/2002	Tenet Healthcare Corporation 3820 State Street Santa Barbara, CA 93105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	2,500.00	P 02 1,500.00 G 02 1,000.00
10/10/2002	Raquel Thompson 21030 N. Davis Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner L.V. Thompson Farming	100.00	400.00	P 02 300.00 G 02 100.00
10/11/2002	A.G. Spanos Companies 1341 W. Robinhood Drive Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	P 02 2,000.00 G 02 2,000.00
10/11/2002	Roberta Green Ahmanson P.O. Box 17627 Irvine, CA 92713	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer Self-Employed	3,000.00	6,000.00	P 02 3,000.00 G 02 3,000.00
SUBTOTAL \$				7,800.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/01/2002</u> through <u>10/19/2002</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

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1239474

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2002	California Dairies (#1222034) P.O. Box 2198 Los Banos, CA 93635	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 02 1,500.00
10/11/2002	California Motor Car Dealers Association PAC (#741623) 455 Capitol Mall, Ste. 801 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	5,000.00	P 02 2,000.00 G 02 3,000.00
10/11/2002	California Motor Car Dealers Association PAC (#741623) 455 Capitol Mall, Ste. 801 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	5,000.00	P 02 2,000.00 G 02 3,000.00
10/11/2002	Family Winemakers of California Political Action Committee (#1239883) 1400 K Street, Ste. 304 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 02 500.00
10/11/2002	Kirk C. Wentland Special 301 S. Ham Lane, Ste. A Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G 02 250.00
10/11/2002	Louis Mansour 4477 Golden Foothill Parkway El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner The Mansour Company	1,500.00	1,500.00	P 02 1,500.00
SUBTOTAL \$				8,750.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/01/2002	
through	10/19/2002	Page 13 of 45

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I.D. NUMBER
1239474

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2002	Josie N. Mar 5230 Hildreth Lane Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	G 02 250.00
10/12/2002	Exxon Mobil Corporation 7524 Tipps Street Houston, TX 77023	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	G 02 2,000.00
10/14/2002	James Robert Beams 5150 Fair Oaks Blvd., S., #101 Carmichael, CA 95608 Intermediary: Wevtec, 16788 Placer Hills Rd., Ste. A, Meadow Vista CA 95722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cleaning Manager	200.00	200.00	G 02 200.00
10/14/2002	CAAPAC State Candidates Account (#745208) 980 Ninth St., Ste. 2150 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	G 02 1,000.00
10/14/2002	Kurt Kimura 1100 Olympic Dr., #103 Corona, CA 92881 Intermediary: Wevtec, 16788 Placer Hills Rd., Ste. A, Meadow Vista CA 95722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner GoJane.com, Inc.	250.00	250.00	G 02 250.00
10/14/2002	Tony Pang 1100 Olympic Dr., #103 Corona, CA 92881 Intermediary: Wevtec, 16788 Placer Hills Rd., Ste. A, Meadow Vista CA 95722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner GoJane.com, Inc.	250.00	250.00	G 02 250.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A

Statement covers period from <u>10/01/2002</u> through <u>10/19/2002</u>	CALIFORNIA FORM 460 Page <u>14</u> of <u>45</u>
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NAME OF FILER

Nakanishi for Assembly 2002

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1239474

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15/2002	CALPAC - California Medical Association (#1231460) 1201 K Street, Ste. 1050 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		4,500.00	5,955.12	P 02 6,000.00 G 02 5,955.12
10/15/2002	Castelanelli Bros. 401 W. Armstrong Road Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	G 02 300.00
10/15/2002	K. Kimura 3218 Nordike Dr. Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	200.00	P 02 50.00 G 02 150.00
10/15/2002	Metro-PAC (#840819) 917 - 7th Street Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G 02 250.00
10/15/2002	Sandra J. Preszler 19626 Hildebrand Road Acampo, CA 95220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker n/a	100.00	200.00	P 02 100.00 G 02 100.00
10/15/2002	Hisako Terasaki 12835 Parkyns Street Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker n/a	3,000.00	3,000.00	G 02 3,000.00
SUBTOTAL \$				8,200.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A

Statement covers period from <u>10/01/2002</u>	CALIFORNIA FORM 460
through <u>10/19/2002</u>	
Page <u>15</u> of <u>45</u>	

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15/2002	Weatherby-Reynolds Consulting Engineers, Inc 206 Peek Street Jackson, CA 95642	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G 02 250.00
10/15/2002	Zeneca Inc. 1800 Concord Pike Wilmington, DE 19850	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 02 500.00
10/16/2002	AG Industrial Manufacturing, Inc. 110 South Beckman Road Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	4,000.00	P 02 2,500.00 G 02 1,500.00
10/16/2002	Ronald Barber Jr. 10411 S. Small Road Manteca, CA 95336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President R.B. Construction	1,200.00	1,200.00	G 02 1,200.00
10/16/2002	Carr Electric 3750 Wilcox Road Stockton, CA 95215	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	G 02 300.00
10/16/2002	Jasbir S. Gill MD P.O. Box 8778 Stockton, CA 95208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Employed	300.00	500.00	G 02 500.00
SUBTOTAL \$				4,050.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A

Statement covers period from <u>10/01/2002</u> through <u>10/19/2002</u>	CALIFORNIA FORM 460 Page <u>16</u> of <u>45</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2002	Jong L. Chen M.D. 3941 J Street, Ste. 250 Sacramento, CA 95819	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Jong L. Chen, M.D.	1,000.00	1,000.00	G 02 1,000.00
10/16/2002	Janet M. Fortier 120 S. Orange Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker n/a	300.00	300.00	G 02 300.00
10/16/2002	Good Earth Farms, LLC P.O. Box 2696 Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	G 02 3,000.00
10/16/2002	Betty Rae Hartwick 5303 East Woodbridge Road Acampo, CA 95220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	500.00	500.00	G 02 500.00
10/16/2002	Rodolfo Mussi 7217 W. Howard Rd. Stockton, CA 95206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer Self-Employed	100.00	200.00	P 02 100.00 G 02 100.00
10/16/2002	Jagieet S. Kalra M.D. 530 W. Eaton Ave., Ste. C Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Employed	150.00	150.00	G 02 150.00
SUBTOTAL \$				5,050.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A

Statement covers period from <u>10/01/2002</u> through <u>10/19/2002</u>	CALIFORNIA FORM 460 Page <u>17</u> of <u>45</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
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10/16/2002	Mel Bokides Petroleum, Inc. 5250 Claremont Dr. Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00 G 02 500.00
10/16/2002	D. Radmore 3824 Hubbard Ave. Stockton, CA 95215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	150.00	150.00	G 02 150.00
10/16/2002	Residence Mutual Insurance Company 525 Broadway Santa Monica, CA 90401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G 02 250.00
10/16/2002	Schaffer, Suess & Boyd, Inc. P.O. Box 667 Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	G 02 1,500.00
10/16/2002	Amrik S. Sidhu 2800 N. California St., Ste. 10 Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Employed	150.00	150.00	G 02 150.00
10/16/2002	Sid Anur, M.D., Inc. 2800 North California Street Stockton, CA 95204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	350.00	G 02 350.00
SUBTOTAL \$				2,700.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from <u>10/01/2002</u>		
through <u>10/19/2002</u>		Page <u>18</u> of <u>45</u>

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1239474

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2002	Susan Stevenson 568 Amy Court French Camp, CA 95231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Stevenson Drafting Service	300.00	300.00	G 02 300.00
10/16/2002	Tiger Lines Inc. P.O. Box 1940 Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	G 02 150.00
10/16/2002	Philip B. Wallace 42 North Sutter, Ste. 316 Stockton, CA 95202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Western Empire	1,500.00	1,750.00	P 02 250.00 G 02 1,500.00
10/16/2002	Calvin Young 23180 N. Tretheway Road Acampo, CA 95220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Research Analyst State of California	150.00	450.00	G 02 450.00
10/16/2002	Wal-Mart Stores, Inc. 702 S.W. 8th St. Bentonville, AK 72716	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	G 02 1,000.00
10/16/2002	Western Mutual Insurance Company 525 Broadway Santa Monica, CA 90401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G 02 250.00
SUBTOTAL \$				3,350.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A

Statement covers period from <u>10/01/2002</u> through <u>10/19/2002</u>		CALIFORNIA FORM 460 Page <u>19</u> of <u>45</u>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2002	CAP-Trust Legislative Committee 333 S. Hope Street, 8th Floor Los Angeles, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	3,000.00	G 02 3,000.00
10/17/2002	Chris R. Keszler, DDS 816 W. Lodi Avenue Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Self-Employed	100.00	150.00	P 02 50.00 G 02 100.00
10/17/2002	George R. Herron Jr. 105 W. Pine Street Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	500.00	P 02 500.00 G 02 250.00
10/17/2002	Medcore Medical Group 509 W. Weber Ave., Ste. 200 Stockton, CA 95203	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,500.00	G 02 1,500.00
10/17/2002	Melba A. Berbano, M.D., Inc. 73 W. March Lane, Ste. A Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,500.00	P 02 500.00 G 02 1,000.00
10/17/2002	Michele Sprague 19015 N. Davis Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00	1,250.00	P 02 750.00 G 02 500.00
SUBTOTAL \$				4,350.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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 to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 10/01/2002	through 10/19/2002	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
--	------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2002	ABATEPAC (#881714) 158 S. Fir Street Ventura, CA 93001	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G 02 250.00
10/17/2002	Gordon Jack 3500 Lynnmar Way Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director CCMC	200.00	200.00	G 02 200.00
10/17/2002	Stockton Hematology Oncology Medical Group 2626 N. California St., Ste. B Stockton, CA 95204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	800.00	G 02 800.00
10/17/2002	Tim Leslie for Assembly (#990263) 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	G 02 1,500.00
10/17/2002	Kenneth Scott Vogel 7322 Pezzi Road Stockton, CA 95215-9113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	School Administrator Lodi Unified School District	25.00	400.00	P 02 200.00 G 02 200.00
10/18/2002	Auto Factory P.O. Box 8133 Stockton, CA 95208	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				G 02 1,500.00
SUBTOTAL \$				3,775.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from <u>10/01/2002</u>		
through <u>10/19/2002</u>		Page <u>21</u> of <u>45</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2002	Joe A. Cotta 9414 Kost Road Galt, CA 95632	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Joe A. Cotta Vineyards, Inc.	250.00	250.00	G 02 250.00
10/18/2002	Vernon Keith Land 2584 Frontier Land Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker Farmers & Merchants Bank	100.00	100.00	P 02 100.00 G 02 100.00
10/18/2002	Re-Elect Assemblyman Jay LaSuer P.O. Box 2407 La Mesa, CA 91943	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	1235259	500.00	500.00	G 02 500.00
10/18/2002	Weyerhaeuser P.O. Box 9777 Federal Way, WA 98063	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 02 500.00
10/19/2002	James W. Baum 1225 Rivergate Drive Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Mobil Devel-Op	150.00	150.00	P 02 500.00 G 02 150.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				1,500.00		

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE

through 10/19/2002

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NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Alan S. Nakanishi M.D. 1136 Junewood Court Lodi, CA 95240 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Delta Eye Medical Group	\$ 40,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 40,000.00 12/31/2002 DATE DUE	0.00 % RATE 0.00	\$ 40,000.00 12/31/2001 DATE INCURRED	CALENDAR YEAR \$ 60,120.00 PER ELECTION** P 02 98,120.00 G 02 2,000.00
Alan S. Nakanishi M.D. 1136 Junewood Court Lodi, CA 95240 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Delta Eye Medical Group	\$ 40,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 40,000.00 DATE DUE	0.00 % RATE 0.00	\$ 40,000.00 02/16/2002 DATE INCURRED	CALENDAR YEAR \$ 60,120.00 PER ELECTION** P 02 98,120.00 G 02 2,000.00
Alan S. Nakanishi M.D. 1136 Junewood Court Lodi, CA 95240 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Delta Eye Medical Group	\$ 18,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 18,000.00 DATE DUE	0.00 % RATE 0.00	\$ 18,000.00 03/05/2002 DATE INCURRED	CALENDAR YEAR \$ 60,120.00 PER ELECTION** P 02 98,120.00 G 02 2,000.00
SUBTOTALS \$		0.00	\$	0.00	\$	98,000.00	\$	0.00

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0.00
(May be a negative number)
Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

† Contributor Codes

IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 10/01/2002
through 10/19/2002

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Friends of Mark Wyland (#990712) 330 Encinitas Blvd., Ste. 1001 Encinitas, CA 92024		\$ 2,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2,000.00	0.00 % RATE 0.00	\$ 2,000.00	CALENDAR YEAR \$ 2,000.00 PER ELECTION** G 02 2,000.00
† <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE		05/31/2002 DATE INCURRED	
Alan S. Nakanishi M.D. 1136 Junewood Court Lodi, CA 95240	Physician Delta Eye Medical Group	\$ 2,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2,000.00	0.00 % RATE 0.00	\$ 2,000.00	CALENDAR YEAR \$ 60,120.00 PER ELECTION** P 02 98,120.00 G 02 2,000.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE		06/28/2002 DATE INCURRED	
Doug La Malfa for State Assembly (#12. 3881 Benatar Way, Ste. G Chico, CA 95928	893	\$ 3,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3,000.00	0.00 % RATE 0.00	\$ 3,000.00	CALENDAR YEAR \$ 3,000.00 PER ELECTION** G 02 3,000.00
† <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE		06/29/2002 DATE INCURRED	
SUBTOTALS \$		0.00	\$ 0.00	\$ 0.00	7,000.00	\$ 0.00		

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0.00
(May be a negative number)
Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

† Contributor Codes

IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule C
Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/01/2002</u> through <u>10/19/2002</u>		CALIFORNIA FORM 460
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NAME OF FILER Nakanishi for Assembly 2002		I.D. NUMBER 1239474

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/01/2002	Financial Enterprises of California Ltd P.O. Box 306 Acampo, CA 95220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Office Space	750.00	1,500.00	G 02 1,500.00
10/02/2002	California Republican Party (#810163) 1903 W. Magnolia Blvd. Burbank, CA 91506 Political party non-monetary contribution not subject to candidate spending limit.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Johnson Clark/Consultant fee	5,000.00	96,480.80	G 02 93,209.56
10/11/2002	California Republican Party (#810163) 1903 W. Magnolia Blvd. Burbank, CA 91506 Political party non-monetary contribution not subject to candidate spending limits.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Polling Information	675.00	96,480.80	G 02 93,209.56
10/14/2002	California Republican Party (#810163) 1903 W. Magnolia Blvd. Burbank, CA 91506 Political party non-monetary contribution not subject to candidate spending limit.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Polling & consultant salary	3,175.00	96,480.80	G 02 93,209.56

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 9,600.00

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.)..... \$ 14,221.24
- Amount received this period – unitemized nonmonetary contributions of less than \$100..... \$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL \$** 14,221.24

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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Schedule C
Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from <u>10/01/2002</u>	through <u>10/19/2002</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/200	California Republican Party (#810163) 1903 W. Magnolia Blvd. Burbank, CA 91506 Political party non-monetary contribution subject to candidate spending limit.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Bill Paid By Third Party	3,271.24	96,480.80	G 02 93,209.56
10/18/200	California Republican Party (#810163) 1903 W. Magnolia Blvd. Burbank, CA 91506 Political party non-monetary contribution subject to candidate spending limit.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Polling information	1,350.00	96,480.80	G 02 93,209.56
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 4,621.24

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.)..... \$ 14,221.24
- Amount received this period – unitemized nonmonetary contributions of less than \$100..... \$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL \$** 14,221.24

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
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Nakanishi for Assembly 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aaron Bone 5307 El Camino Avenue, Apt. #11 Carmichael CA 95608		office supplies, parking & mileage	229.03
Cleveland Mailing Service 1317 - 15th Street, Ste. A Sacramento CA 95814	LIT		746.43
Vona Copp 8958 Ivanpah Court Elk Grove CA 95624	PRO		1,186.30

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2,161.76

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 252,832.08
2. Unitemized payments made this period of under \$100	\$ 38.50
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 252,870.58

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E (Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from <u>10/01/2002</u>		
through <u>10/19/2002</u>		Page <u>27</u> of <u>45</u>
NAME OF FILER Nakanishi for Assembly 2002		I.D. NUMBER 1239474

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Vona Copp 8958 Ivanpah Court Elk Grove CA 95624	OFC			225.00
David S. Loudon 8500 Delahye Circle Sacramento CA 95828			Office supplies, postage and subscriptions	512.91
Wendy Warfield & Associates 921 11th Street, Ste. 110 Sacramento CA 95814	OFC			82.43
Wendy Warfield & Associates 921 11th Street, Ste. 110 Sacramento CA 95814	PRO			8,000.00
Monaco Group 1000 Ortega Way, Bldg. C Placentia CA 92870	POS			3,900.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 12,720.34

Schedule E (Continuation Sheet)

Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

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NAME OF FILER

Nakanishi for Assembly 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U. S. Postmaster Laguna Postal Store Elk Grove CA 95758	POS			72.70
Molly Blonien P.O. Box 820 Tiburon CA 94920	FND			150.00
JC Evans Communications 11230 Gold Express Drive, Ste. 310 Gold River CA 95670	LIT			1,856.80
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	OFC			9.01
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	RAD			9,215.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 11,303.51

Schedule E (Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

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Nakanishi for Assembly 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	RAD		22,596.37
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	TEL		74,260.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814		Voter file & absentee chase	2,602.05
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	WEB		15.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	WEB		72.58

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 99,546.00

Schedule E (Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

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NAME OF FILER

Nakanishi for Assembly 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	RAD		773.36
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	POS		11.49
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT		3,558.36
Dewey Parker P.O. Box 1201 Sloughhouse CA 95683	FND		200.00
Wendy Warfield & Associates 921 11th Street, Ste. 110 Sacramento CA 95814	OFC		138.85

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 4,682.06

Schedule E (Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from <u>10 01 2002</u>		
through <u>10/19/2002</u>		Page <u>31</u> of <u>45</u>
NAME OF FILER		I.D. NUMBER
Nakanishi for Assembly 2002		1239474

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT		9,100.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814		Mailers, TV buy & Phonebanks	96,671.29
Pacific Bell Payment Center Sacramento CA 95887-0001	OFC		875.82
Aaron Bone 5307 El Camino Avenue, Apt. #11 Carmichael CA 95608		Office supplies, & mileage reimbursement	378.71
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814		Mailer, radio buy & website	12,972.48

Schedule E (Continuation Sheet)
Payments Made

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from <u>10/01/2002</u>		
through <u>10/19/2002</u>		Page <u>32</u> of <u>45</u>
		I.D. NUMBER 1239474

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
David S. Loudon 8500 Delahye Circle Sacramento CA 95828			Postage & office supplies	2,420.11

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/01/2002	
through	10/19/2002	Page 33 of 45
NAME OF FILER Nakanishi for Assembly 2002		I.D. NUMBER 1239474

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	FET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	RAD	22,596.37	0.00	22,596.37	0.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	RAD	9,215.00	0.00	9,215.00	0.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	CMP	3,271.24	-3,271.24	0.00	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTALS \$	35,082.61 \$	-3,271.24 \$	31,811.37 \$
					0.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** -3,052.40
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 111,181.95
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -114,234.35
May be a negative number

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule F (Continuation Sheet)
Accrued Expenses (Unpaid Bills)

 Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Statement covers period from <u>10/01/2002</u> through <u>10/19/2002</u>	CALIFORNIA FORM 460 Page <u>34</u> of <u>45</u>
NAME OF FILER Nakanishi for Assembly 2002	
I.D. NUMBER 1239474	

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	Voter file & absentee chase	2,602.05	0.00	2,602.05	0.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	TEL	74,260.00	0.00	74,260.00	0.00
Vona Copp 8958 Ivanpah Court Elk Grove CA 95624	PRO	1,186.30	0.00	1,186.30	0.00
David S. Loudon 8500 Delahye Circle Sacramento CA 95828	Office supplies, postage and subscriptions	512.91	0.00	512.91	0.00
Aaron Bone 5307 El Camino Avenue, Apt. #11 Carmichael CA 95608	office supplies, parking & mileage	229.03	0.00	229.03	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTALS \$	78,790.29 \$	0.00 \$	78,790.29 \$ 0.00

Schedule F (Continuation Sheet)
Accrued Expenses (Unpaid Bills)

 Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Statement covers period from <u>10/01/2002</u>	CALIFORNIA FORM 460
through <u>10/19/2002</u>	
Page <u>35</u> of <u>45</u>	
I.D. NUMBER 1239474	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Molly Blonien P.O. Box 820 Tiburon CA 94920	FND	150.00	0.00	150.00	0.00
Dewey Parker P.O. Box 1201 Sloughhouse CA 95683	FND	200.00	0.00	200.00	0.00
Wendy Warfield & Associates 921 11th Street, Ste. 110 Sacramento CA 95814	OFC	138.85	0.00	138.85	0.00
Andrew Mercy 1313 Robinhood Dr., Bldg. B Stockton CA 95207	OFC	0.00	134.82	0.00	134.82
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTALS \$	488.85 \$	134.82 \$	488.85 \$ 134.82

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE G

Statement covers period from <u>10/01/2002</u>	CALIFORNIA FORM 460
through <u>10/19/2002</u>	
Page <u>36</u> of <u>45</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
NAME OF AGENT OR INDEPENDENT CONTRACTOR Cleveland Mailing Service	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postmaster 2000 Royal Oaks Drive Sacramento CA 95813	POS		559.07

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 559.07

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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FPPC Form 460 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE G

Statement covers period from <u>10/01/2002</u> through <u>10/19/2002</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

NAME OF AGENT OR INDEPENDENT CONTRACTOR

JC Evans Communications

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
G. Strahan 7752 Robert's River Way Sacramento CA 95831	LIT		1,500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,500.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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FPPC Form 460 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Statement covers period
 from 10/01/2002
 through 10/19/2002

SCHEDULE G
CALIFORNIA FORM 460
 Page 38 of 45

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Studio Z 1030 48th Street Sacramento CA 95819	RAD			617.50
U.S. Postmaster 2000 Royal Oaks Drive Sacramento CA 95813	LIT		Postage	3,558.36
G. Strahan 7752 Robert's River Way Sacramento CA 95831	LIT			925.00
G. Strahan 7752 Robert's River Way Sacramento CA 95831	LIT			8,620.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 13,720.86

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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FPPC Form 460 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE G

Statement covers period from <u>10/01/2002</u>		CALIFORNIA FORM 460
through <u>10/19/2002</u>		
Page <u>39</u> of <u>45</u>		I.D. NUMBER 1239474

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Johnson Clark Associates

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
G. Strahan 7752 Robert's River Way Sacramento CA 95831	LIT		10,024.63
Greensburgh Group 245 Fischer Avenue, C-3 Costa Mesa CA 92626	LIT		326.38
Greensburgh Group 245 Fischer Avenue, C-3 Costa Mesa CA 92626	LIT		893.10
JC Evans Communications 11230 Gold Express Drive, Ste. 310 Gold River CA 95670	LIT		1,800.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 13,044.11

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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FPPC Form 460 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE G

Statement covers period from <u>10/01/2002</u> through <u>10/19/2002</u>	CALIFORNIA FORM 460
Page <u>40</u> of <u>45</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
NAME OF AGENT OR INDEPENDENT CONTRACTOR Johnson Clark Associates	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JC Evans Communications 11230 Gold Express Drive, Ste. 310 Gold River CA 95670	LIT			1,881.00
KCRA 3 Television Circle Sacramento CA 95814	TEL			17,127.50
KMAX 500 Media Place Sacramento CA 95815	TEL			841.50
KOVR 2713 KOVR Drive West Sacramento CA 95605	TEL			5,435.75

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 25,285.75

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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FPPC Form 460 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period from <u>10/01/2002</u> through <u>10/19/2002</u>	CALIFORNIA FORM 460 Page <u>41</u> of <u>45</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Johnson Clark Associates

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KQCA 58 Television Circle Sacramento CA 95814	TEL			3,676.25
KTXL 4655 Fruitridge Sacramento CA 95820	TEL			3,336.25
KXTV 400 Broadway Sacramento CA 95801	TEL			7,905.00
U.S. Postmaster 2000 Royal Oaks Drive Sacramento CA 95813	LIT			8,755.47

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 23,672.97*** Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.****www.netfile.com****FPPC Form 460 (June/01)**
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/01/2002	
through	10/19/2002	Page 42 of 45
NAME OF FILER		I.D. NUMBER
Nakanishi for Assembly 2002		1239474

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postmaster 2000 Royal Oaks Drive Sacramento CA 95813	LIT		12,701.79
Voter Connect Comm., Inc. 2377 Gold Meadow Way Gold River CA 95670	PHO		7,697.00
Greensburgh Group 245 Fischer Avenue, C-3 Costa Mesa CA 92626	LIT		330.32
Greensburgh Group 245 Fischer Avenue, C-3 Costa Mesa CA 92626			367.31

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 21,096.42

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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FPPC Form 460 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE G

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from	10 31 2002	
through	10/19/2002	Page 43 of 45

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NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JC Evans Communications 11230 Gold Express Drive, Ste. 310 Gold River CA 95670	LIT		1,800.00
Monaco Group 1000 Ortega Way, Bldg. C Placentia CA 92870	LIT		4,012.50
Tony Siciliani 3003 O Street Sacramento CA 95814	LIT		9,871.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 15,683.50

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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SCHEDULE G

Statement covers period from <u>10/01/2002</u>	CALIFORNIA FORM 460
through <u>10/19/2002</u>	
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NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

NAME OF AGENT OR INDEPENDENT CONTRACTOR

David S. Loudon

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postmaster Arch Road Post Office Stockton CA 95213	POS		600.00
U.S. Postmaster Lodi Post Office Lodi CA 95240	POS		648.68

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,248.68

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster 3101 W. Sunflower Ave. Santa Ana CA 92799			3,900.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 3,900.00

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